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APPLICATION NO.	FILING DATE	FIRST NAME		D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/811,504	03/20/2001	Takeki Yazaki				501.39813X00	3903	
TITLE OF INVENTION:	PACKET SHAPER							
×.								
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE PU		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	1400.00	0		00.00	1700.00	03/16/2005	
EXAMINER		ART UNIT		C	ASS-SUBCLASS			
KHUONG, LEE T		2665		;	370-230100			
1. Change of correspondence address or indication of "Fee Address" (CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3					
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.			2 registered patent attorneys or agents. If no name is slisted, no name will be printed.					
	D RESIDENCE DATA TO B							
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(A) NAME OF ASSIGN	(B	(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Hitachi, Ltd. Tokyo, Japan								
Please check the appropriat	e assignee category or catego	ries (will not be pri	inted on the p	atent) :	☐ Individual ☑ (Corporation or other private gr	oup entity Government	
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Authorized Signature		Date March 16, 2005						
Typed or printed name _	Registration No. 29,621							
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